WEST Search History

DATE: Friday, February 28, 2003

Set Name side by side	Query	Hit Count	Set Name result set
DB=USPT,PGPB,JPAB,EPAB,DWPI; THES=ASSIGNEE; PLUR=YES; OP=ADJ			
L13	L10 same (therapS or vivo or administS)	56	L13
L12	L10 same oralS	3	L12
L11	L10 same (l1 or l2 or l3 or l4 or l5 or l6 or l7 or l8)	0	L11
L10	L9 same (igg or immunoglobulin or antibody)same (eggS or milk or plasma or blood)	180	L10
L9	chronic fatigue syndrome or cfs	87960	L9
DB=USPT; THES=ASSIGNEE; PLUR=YES; OP=ADJ			
L8	QUIGLEY-JAMES-S.in.	10	L8
L7	ARTHINGTON-JOHN-S.in.	0	L7
L6	POLO POZO-FRANCISCO-S	0	L6
L5	RUSSELL-LOUIS-S.in.	1	L5
L4	BORG-BARTON-S.in.	0	L4
L3	WEAVER-ERIC-S.in.	3	L3
L2	STROHBEHN-RONALD-S.in.	0	L2
L1	CAMPBELL-JOY-S.in.	1	L1

END OF SEARCH HISTORY

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     (FILE 'HOME' ENTERED AT 09:45:47 ON 28 FEB 2003)

     FILE 'CAPLUS, IMOBILITY, AGRICOLA, AQUASCI, BIOTECHNO, COMPENDEX,
     COMPUAB, CONF, CONFSCI, ELCOM, EVENTLINE, HEALSAFE, IMSDRUGCONF, LIFESCI,
     OCEAN, MEDICONF, PASCAL, PAPERCHEM2, POLLUAB, SOLIDSTATE, ADISCTI,
     ADISINSIGHT, ADISNEWS, ANABSTR, BIOBUSINESS, ...' ENTERED AT 09:46:20 ON
     28 FEB 2003
                 E CAMPBELL JOY?/AU
L1            20 S E1 OR E2
                 E STROHBEHN RONALD?/AU
L2            11 S E1 OR E2
                 E WEAVER ERIC?/AU
L3            15 S E2 OR E1
                 E BORG BARTON?/AU
L4             2 S E2
                 E RUSSELL LOUIS?/AU
L5            13 S E1 OR E2
                 E POLO POZO FRANCISCO?/AU
L6             6 S E1 OR E2
                 E ARTHINGTON JOHN?/AU
L7             5 S E1 OR E4
                 E QUIGLEY JAMES?/AU
L8            18 S E1 OR E2
L9         25304 S CHRONIC FATIGUE SYNDROME OR CFS
L10          457 S L9 (S) (IGG OR IMMUNOGLOBULIN? OR ANTIBOD?) (S) (EGG OR MIL
L11           87 S L10 (S) (VIVO OR ADMINISTER? OR THERAP?)
L12           51 DUP REM L11 (36 DUPLICATES REMOVED)
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12 ANSWER 45 OF 51 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.DUPLICATE 9

ACCESSION NUMBER: 1991:53089 BIOSIS
DOCUMENT NUMBER: BA91:31370
TITLE: A CONTROLLED TRIAL OF INTRAVENOUS IMMUNOGLOBULIN G IN CHRONIC FATIGUE SYNDROME.
AUTHOR(S): PETERSON P K; SHEPARD J; MACRES M; SCHENCK C; CROSSON J; RECHTMAN D; LURIE N
CORPORATE SOURCE: DEP. OF MED., HENNEPIN COUNTY MED. CENT., 701 PARK AVE., MINNEAPOLIS, MINN. 55415.
SOURCE: AM J MED, (1990) 89 (5), 554-560.
CODEN: AJMEAZ. ISSN: 0002-9343.
FILE SEGMENT: BA; OLD
LANGUAGE: English

AB PURPOSE: Currently, there is no established **therapy** for **chronic fatigue syndrome** (**CFS**), a recently defined illness that has been associated with a variety of immunologic abnormalities. Based on the hypothesis that a chronic viral infection or an immunoregulatory defect is involved in the pathogenesis of **CFS**, the **therapeutic** benefit of intravenous **immunoglobulin** G (IV **IgG**) was evaluated in a group of patients with **CFS**. Additionally, serum **immunoglobulin** concentrations and peripheral **blood** lymphocyte subset numbers were measured at the outset of the study, and the effect of IV **IgG** **therapy** on **IgG** subclass levels was determined. PATIENTS AND METHODS: Thirty patients with **CFS** were enrolled in a double-blind, placebo-controlled trial of IV **IgG**. The treatment of regimen consisted of IV **IgG** (1 g/kg) or intravenous placebo (1% albumin solution) **administered** every 30 days for 6 months. Participants completed a self-assessment form prior to each of the six treatments, which was used to measure severity of symptoms, functional status, and health perceptions. Patients were also asked to report adverse experiences defined as worsening of symptoms occurring within 48 hours of each treatment. RESULTS: Twenty-eight patients completed the trial. At baseline, all 28 patients complained of moderate to severe fatigue, and measures of social functioning and health perceptions showed marked impairment. Low levels of IgG1 were found in 12 (42.9%), and 18(64.3%) had low levels of IgG3. At the end of the study, no significant **therapeutic** benefit could be detected in terms of symptom amelioration or improvement in functional status, despite restoration of IgG1 levels to a normal range. Major adverse experiences were observed in 20% of both the IV **IgG** and placebo groups. CONCLUSION: The results of this study indicate that IV **IgG** is unlikely to be of clinical benefit in **CFS**. In addition to the ongoing need for placebo controlled trials of candidate **therapies** for **CFS**, an expanded research effort is needed to define the etiology